

Name  
in  
Full

Rev. George Francis Beaven

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Hillsboro		Coroline				
Date of death	Month	Day	Years	Months	Days	
1909	January	10 <sup>th</sup>	84	2	26	
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	Minister P.E.		Where Residing if not at place of death	—		
Married, Single or Widowed	Married		Name of Wife or Husband	Mrs. Anna DeRo Beaven		
Father's Name	John Beaven		Father's Birthplace	Charles Co		
Mother's Maiden Name	Mrs Ann Adams (Pagett)		Mother's Birthplace	Charles Co.		
Name of person giving Information	George H. Beaven		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis acute +

Four week

Immediate

Acute Mastitis

How long

Five days

Are the name, age, sex, color and place correctly given above?

Yes

Signature of Physician

Address

Robey Hackett  
Queen Anne  
Maryland.

Accident or Suicide

24



Name  
in  
Full

Child died before it was named Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Ridgely, R.R. No. 2.		Town Ridgely, R.R. No. 2. County Caroline		MARYLAND	
Date of death 1909	Month Jan	Day 31	Age	Years	Months Days
Sex Female	Color or Race Colored		Birth-place Ridgely, R.R. No. 2, Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Wm Ernest Blake			Father's Birthplace	Centreville, Md.	
Mother's Marden Name Elnora Fisher			Mother's Birthplace	Ruthsburg, Md.	
Name of person giving information Wm Ernest B Blake			How related to deceased	Father	

CAUSES OF DEATH

38

How long

14 days

How long

2 days

Primary

Ophthalmia. Neonatarian

Immediate

Refused to take nourishment for

Are the name, age, sex, color, date and place correctly given above?

Yes

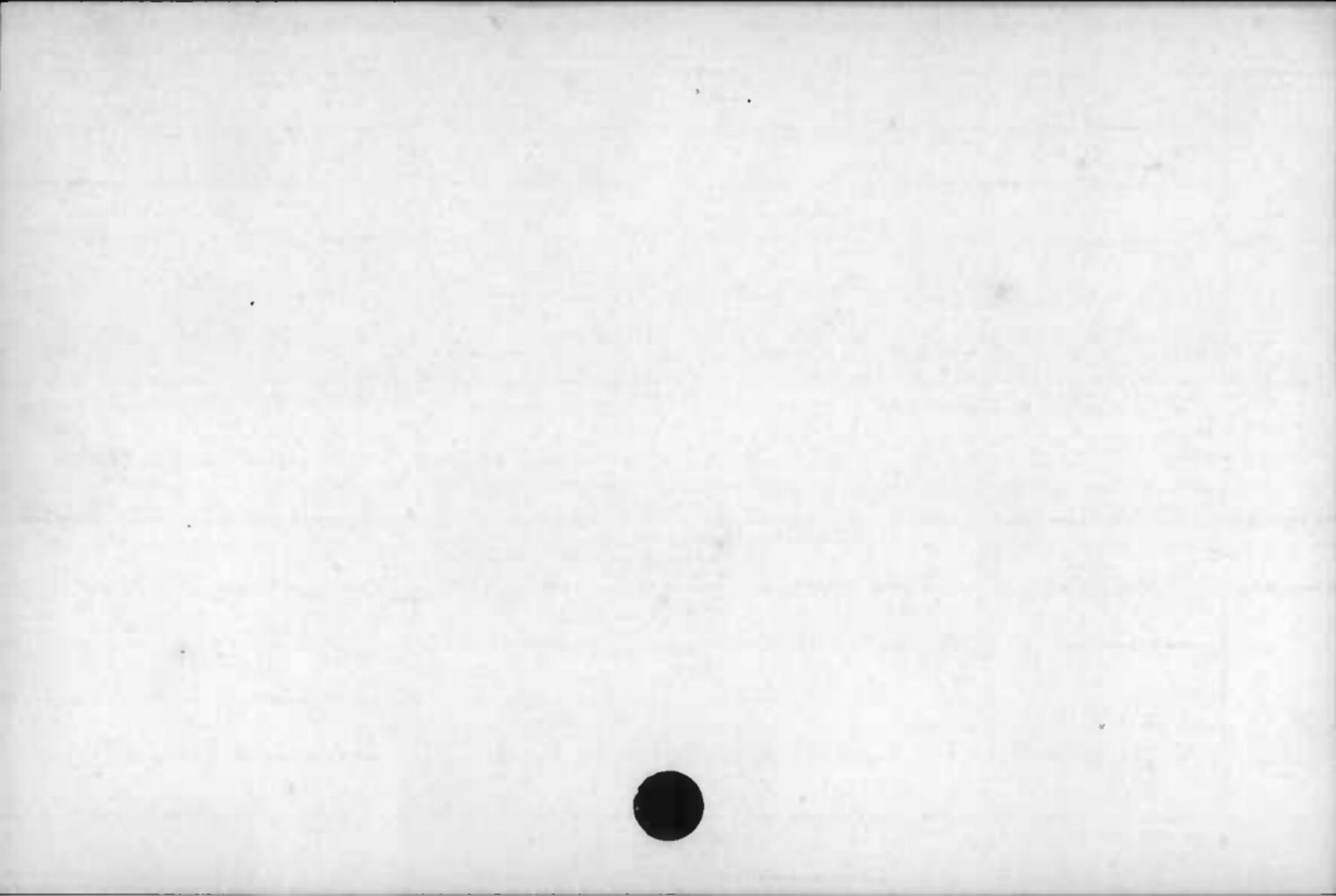
Signature of Physician

Walter H. Fenby

Address

Centreville, R.R. No. 4,  
Queen Anne Co., Md.

Accident or Suicide?



Name  
in  
Full

Robert Dorsay Powell Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Near Preston County Caroline MARYLAND

Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>17</u>	Age <u>—</u>	Months <u>—</u>	Days <u>21</u>
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Near Preston</u>			
Occupation <u>—</u>	Where Residing if not et place of death <u>—</u>				

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Joseph Francis Springle Butler

Father's  
Birthplace

Near Preston

Mother's  
Maiden Name

Mary Estel M. May

Mother's  
Birthplace

Near Preston

Name of person giving  
Information

Jonah H. S. Butler

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Croup

9

How long

2 days

Immediate

Dark Knob

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

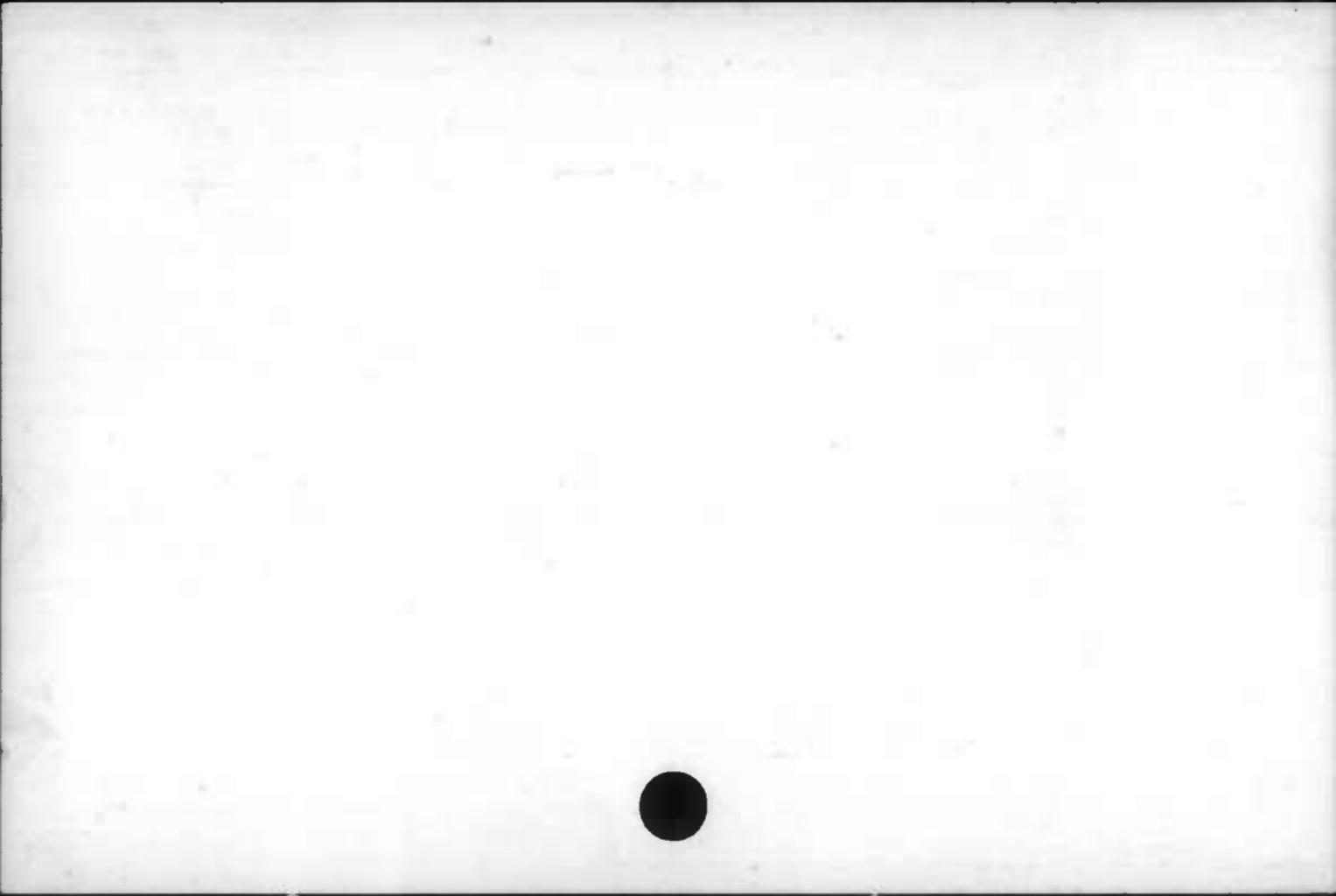
Address

Fay Hoble

Physician in  
accident or Suicide  
Attending

Preston  
Md

PHYSICIAN  
OR CORONER



Name  
in  
Full

Alva Henry Cephas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND		
Died at	Federalsburg	Baroline				
Date of death	1909	Month Jan.	Day 29	Age 2	Months 5-	Days
Sex	Female	Color or Race	Black	Birth-place	Federalsburg	
Occupation	Child	Where Residing if not at place of death				
Married, Single or Widowed	Child	Name of Wife or Hubsnd		Father's Birthplace		
Father's Name	Unknown.		Unknown.			Father's Birthplace
Mother's Maiden Name	Mary E. Cephas		Unknown.			Mother's Birthplace
Name of person giving information	Alvin Cephas.		Unknown.			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Ophthisis Pulmonalis

27

How long

Immediats

2 months.

Are the name, age, sex, color, date and place correctly given above?

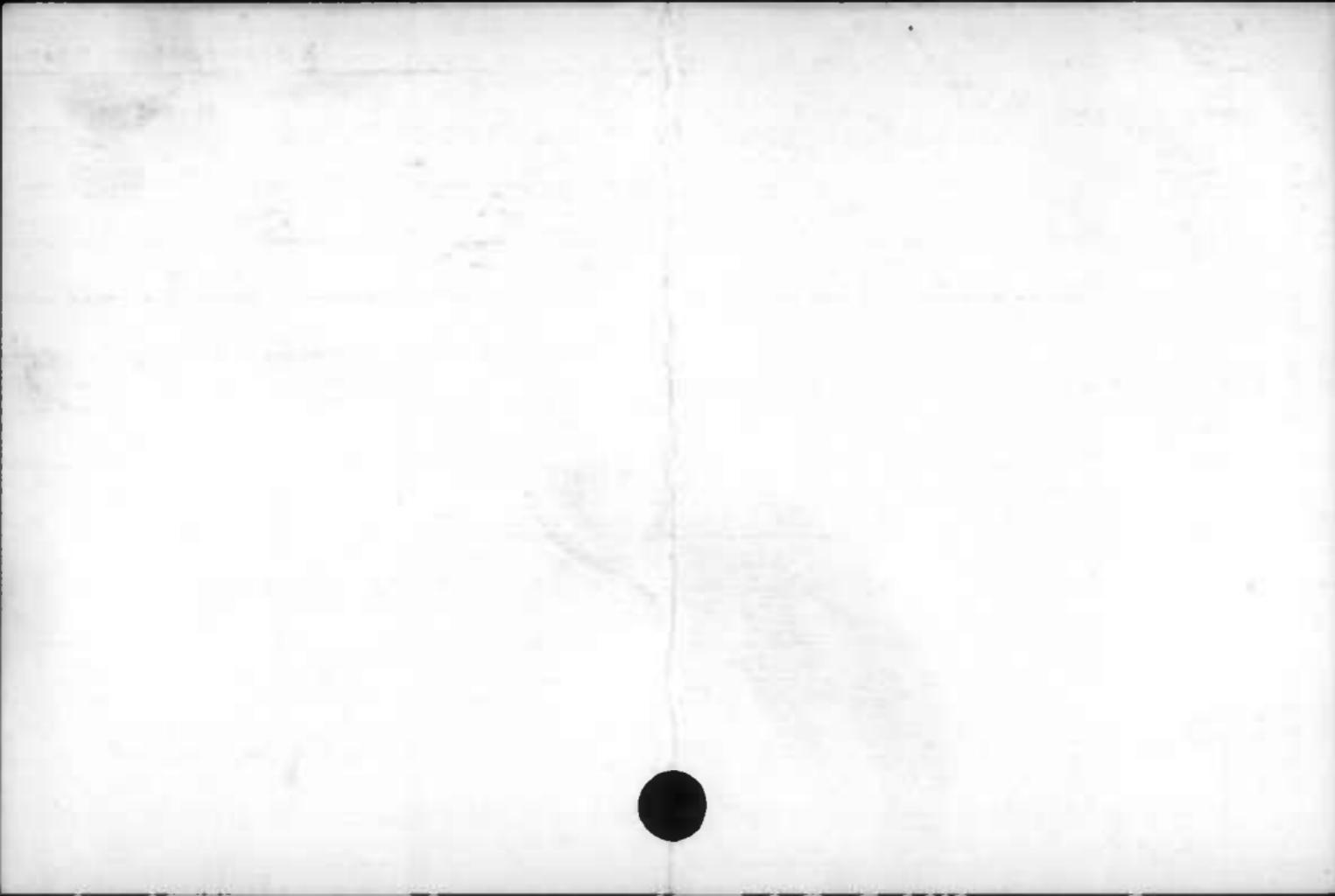
Yes.

Signature of Physician

Address

F. T. Brooks  
Federalsburg  
Md.

Accident or Suicid



Name  
in  
Full

Bessie Dease

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
or CORONER

Died at No Preston		Town	County		MARYLAND	
Date of death	1909	Month	July	Year	13	Months
Sex	Female	Color or Race	Colored	Birth-place	Md	Days
Occupation	House	Where Residing if not at place of death			Same	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	Thomas Dease	Father's Birthplace
Mother's Maiden Name	Mary Leggett Bunting	Mother's Birthplace	Md	Name of person giving information	Thos Dease	How related to deceased

CAUSES OF DEATH

1

Primary

Typhoid fever

How long

5 weeks

Immediate

Pneumonia

How long

2 mos.

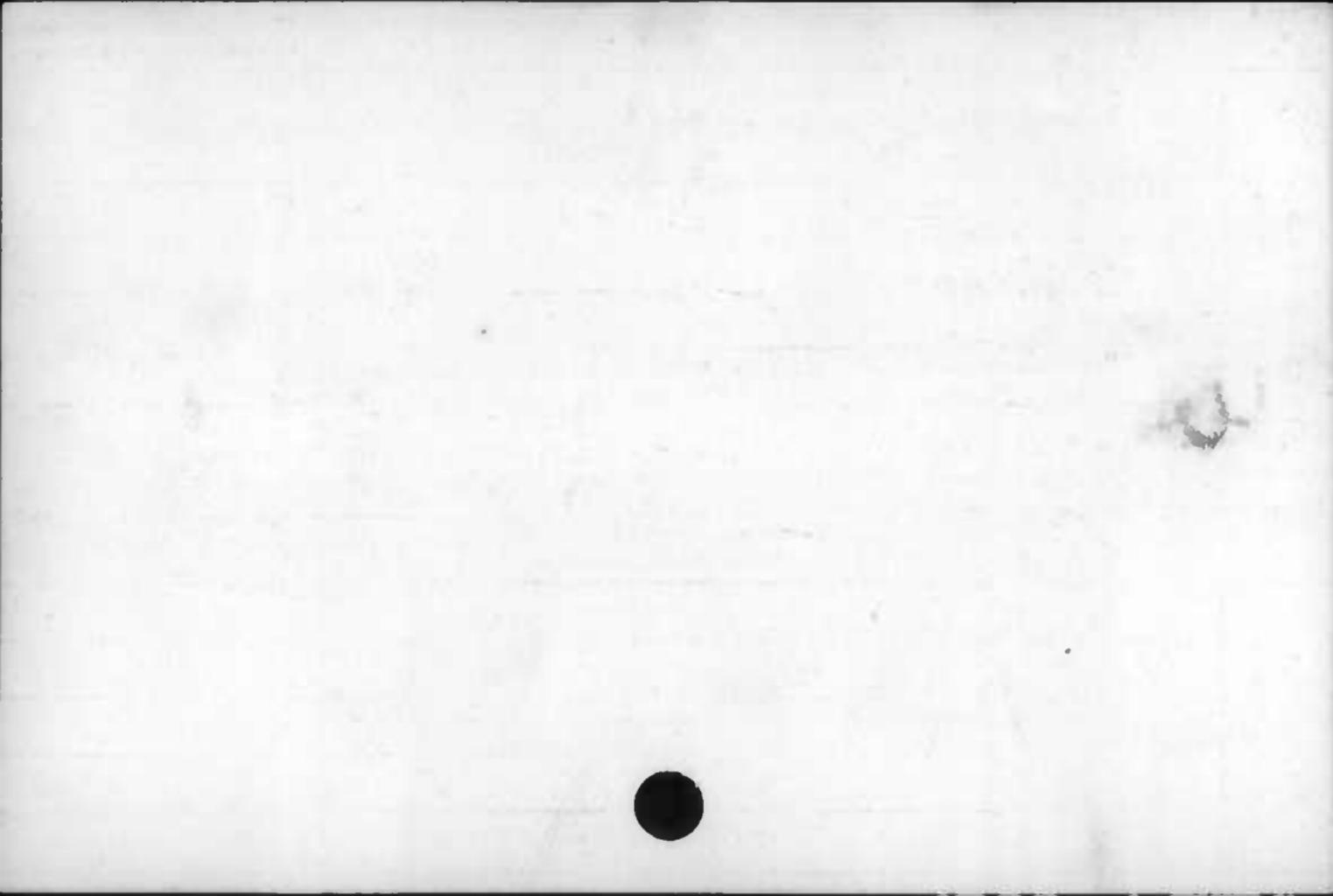
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Raymond Dease

Accident or Suicide?



Name  
in  
Full

Elmer C. Emory

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month 1	Day 5	Years 30	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Md	
Occupation	Lumber	Where Residing if not at place of death			Danne	
Married, Single or Widowed	Married	Name of Wife or Husband	Rachel Kinnunen			
Father's Name	Walt Kinnunen				Father's Birthplace	Md
Mother's Maiden Name	Danet Kinnunen				Mother's Birthplace	Md
Name of person giving Information	J. W. Saterfield				How related to deceased	Employer

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

27

How long

6 months

Immediate

Danet

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

P. R. Fisher

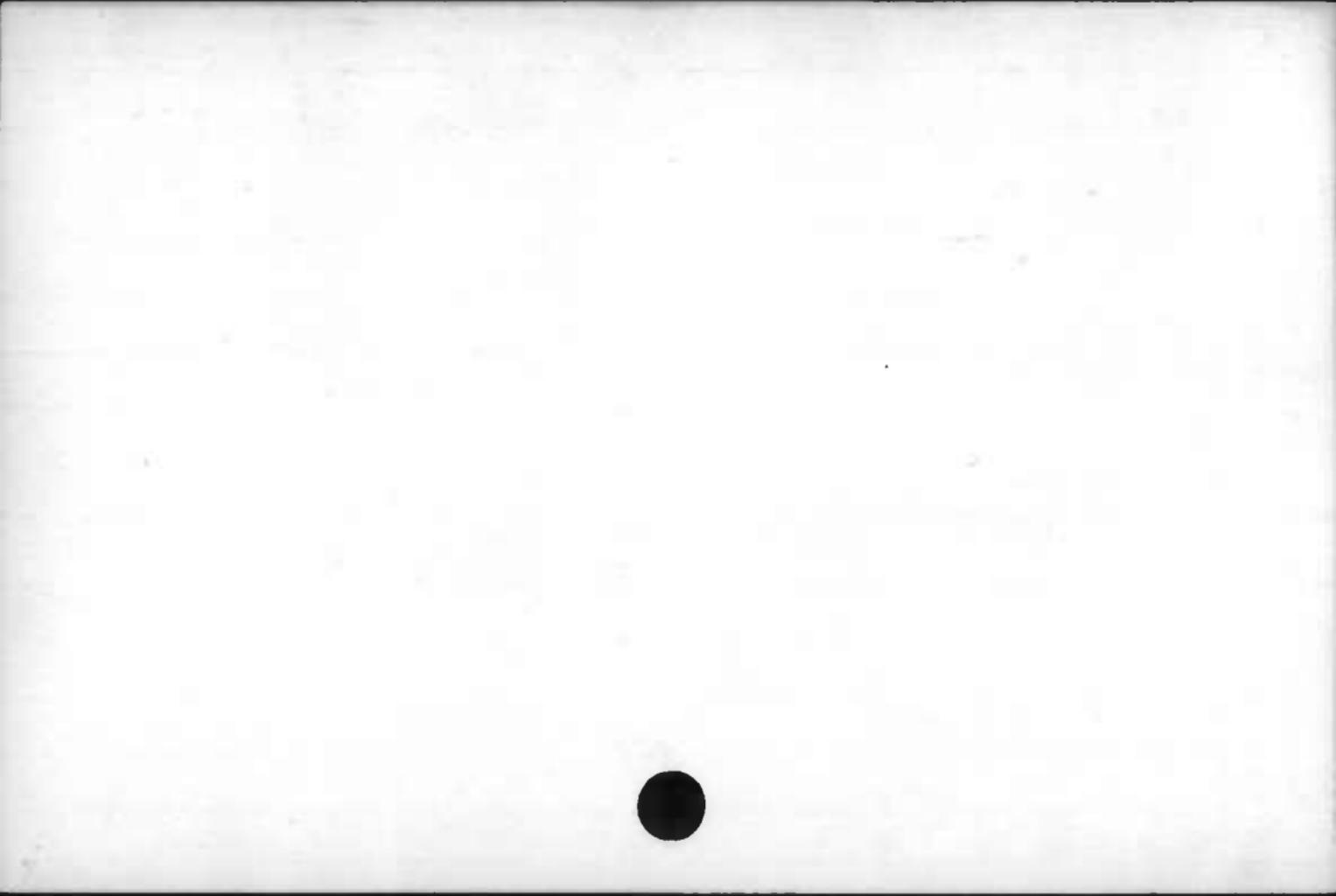
Address

Denton

Accident or Suicide

no

Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

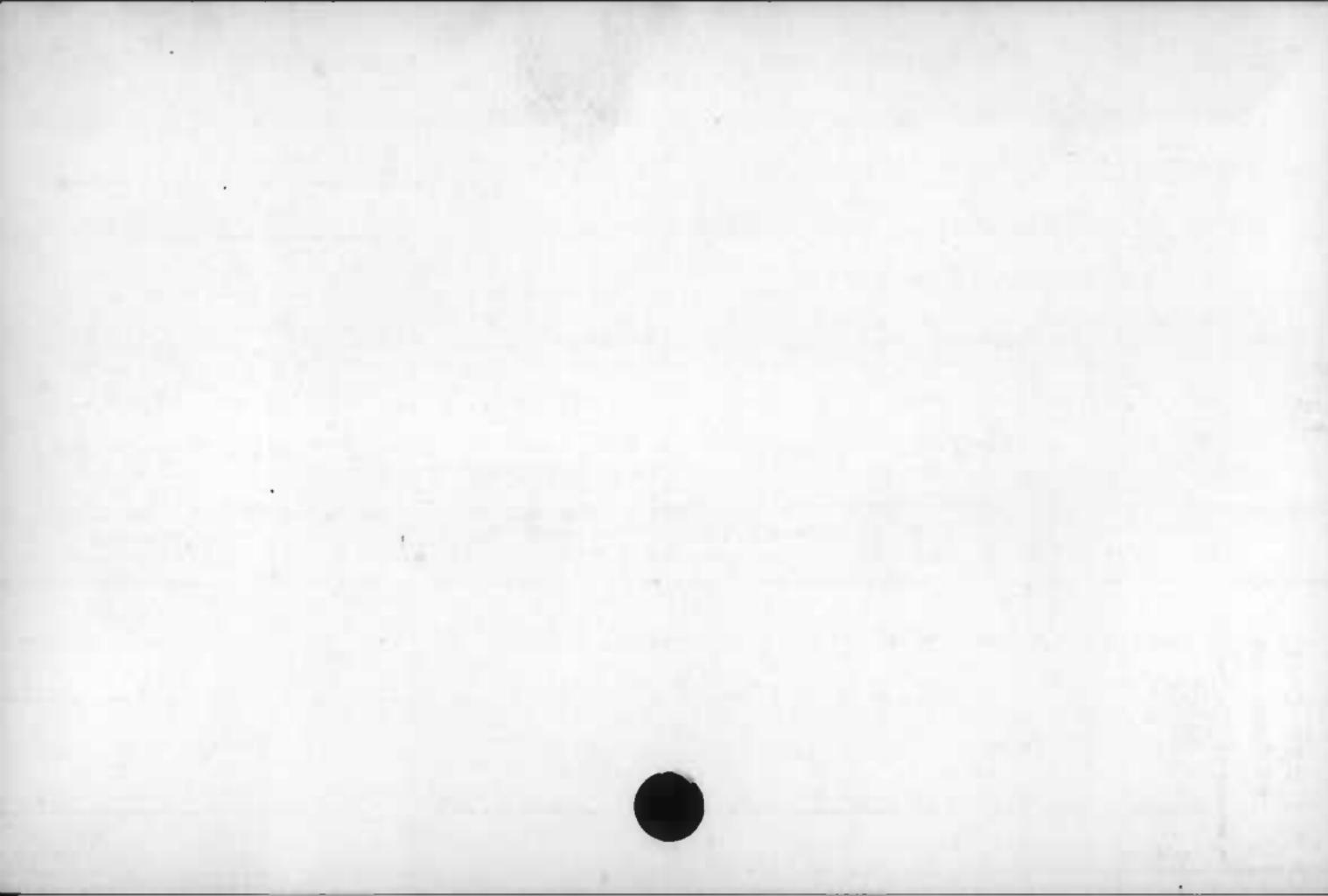
PHYSICIAN  
OR CORONER

Mary Gould

CERTIFICATE OF DEATH

Died at <u>Ridgely</u> Town		County <u>Caroline</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>1</u>	Day <u>12</u>	Years <u>61</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Negress</u>	Birth-place <u>Caroline Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alex Gould</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Alex Gould</u>	How related to deceased <u>Son</u>				
CAUSES OF DEATH					
Primary <u>Nephritis</u>	120				
Immediate <u>Cardiac failure</u>	How long <u>5 Months</u>				
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Madara</u>				
	Address <u>Ridgely Md.</u>				

Accident or Suicide? neither



Name  
in  
Full

Eliza Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month 1	Day 27	Age 74	Years	Months
Sex	Female	Color or Race	White	Birth-place	Caroline Co	
Occupation	Housewife					Where Reiding if not at place of death
Married, Single or Widowed	Married		Name of Wife or Husband	Samuel S Morris		
Father's Name	William Isaac Bailey		Dauhous			
Mother's Maiden Name	Dont know		Dont know			
Name of person giving Information	W. J. Morris		Im			

CAUSES OF DEATH

Primary

Pneumonia

93

Homong

Immediate

Heart failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

Address

J. M. March

Enton Ark

Accident or Suicide



Name  
in  
Full

Zed Packer

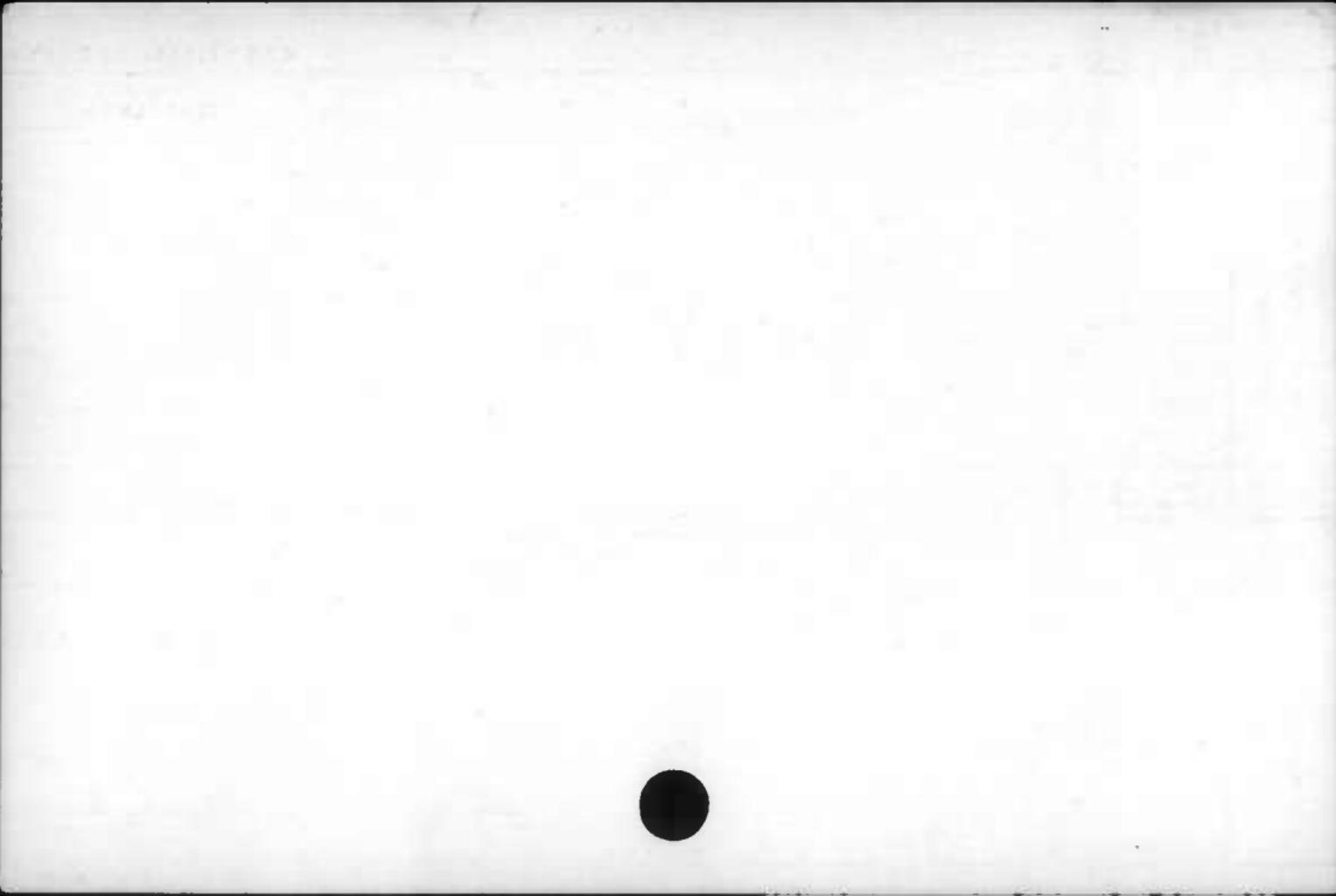
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1909	Month	Day	Years	Month
Sex	Male	Color or Race	White	Birth-place	Death place
Occupation	Horticulturist		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Don't know		
Father's Name	Don't know		Father's Birthplace	Don't know	
Mother's Maiden Name	Don't know		Mother's Birthplace	Don't know	
Name of person giving Information	James Giffen		How related to deceased	wife	
CAUSES OF DEATH				178	
Primary	Heart Failure		How long		
Immediate	Died suddenly		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. N. Nichols		
		Address	Orionton Md		

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Charles L. Pipefitter

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

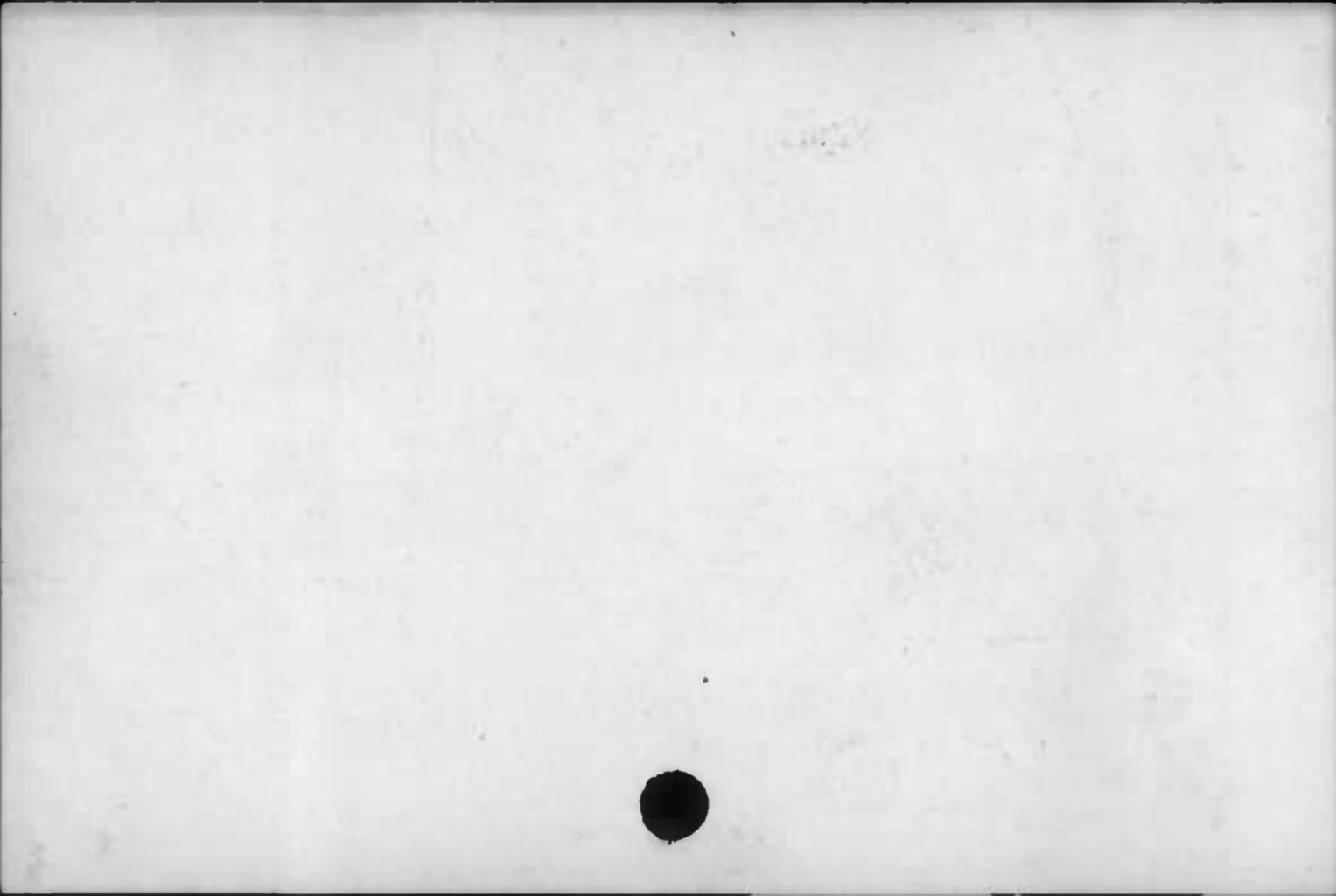
PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Jan	10	Age 24			
Sex	male	Color or Race	White	Birth-place	marydel	
Occupation	Undertaker			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	Single	Father's Birthplace	maryland	
Father's Name	James L. Ripkin			Mother's Birthplace	maryland	
Mother's Maiden Name	Mahalia Parvin			How related to deceased	9 days	
Name of person giving information				How long	175	

Gury's verdict: accidentally  
poisoned.

CAUSES OF DEATH

Primary	from Poison unknown	How long	9 days
Contents of bottle analyzed by State Chemist.			
Are the name, age, sex, color, date and place correctly given above?	State Chemist	Signature of Physician	William G. Smith Coroner
Found poison to be Bichloride of mercury.		Address	marydel
Accident			md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town Denton Ross

County Caroline

MARYLAND

Date  
of death

1909 January

Month January

Day 24

Years

Months

Days

Age

4

-

Sex

Male

Color or  
Race

Colored

Birth-  
place

Denton, Md.

Occupation

Actor

Where Residing if not  
at place of death

Denton, Md.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

-

Father's  
Birthplace

Maryland

Father's  
Name

Carl Barnes

Mother's  
Birthplace

Maryland

Mother's  
Maiden Name

Ida Ross

How related  
to deceased

Brother

Name of person giving  
Information

Harry Ross

CAUSES OF DEATH

Primary

Emancipation

179

How long

4 months

Immediate

Exhaustion

How long

Few days

Are the name, age, sex, color, date  
and place correctly given above?

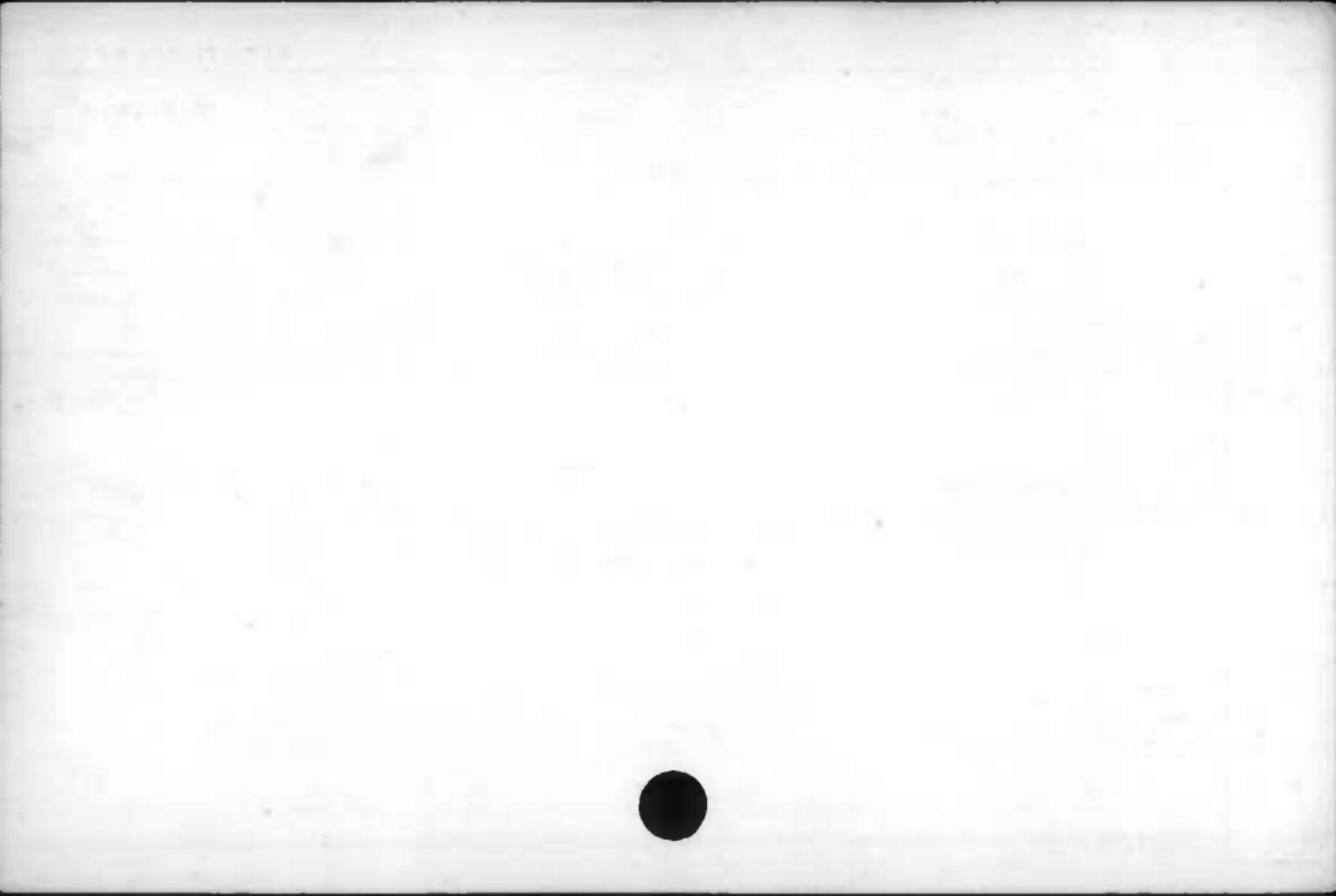
Signature of  
Physician

Address

Knock George New  
Caroline St  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Esther Seward.

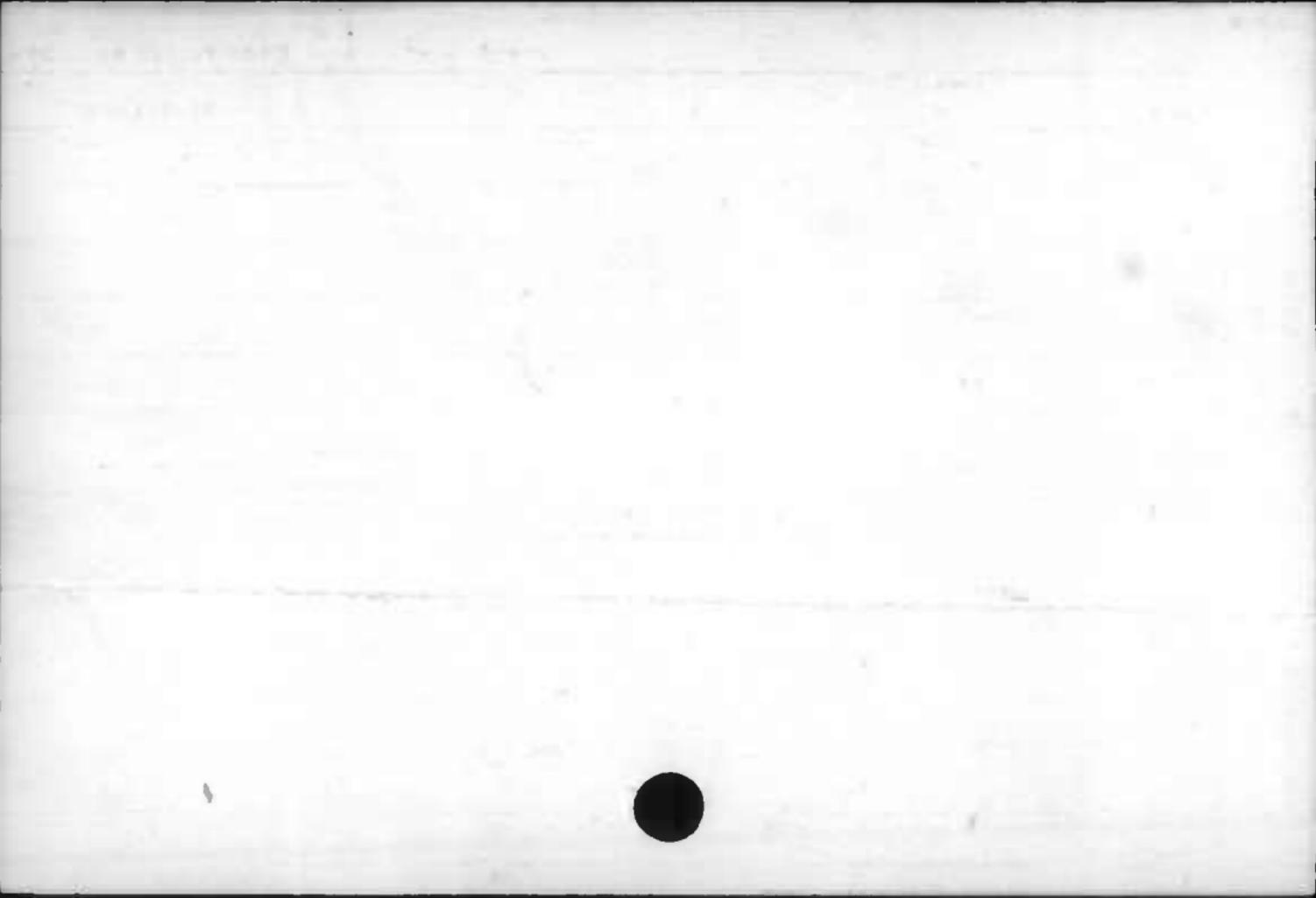
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Goldsboro		Caroline			
Date of death	Month	Day	Years	Months	Days
1909	1	30	Age 1	2	29
Sex	Color or Race	Where Residing if not at place of death			
Female	White				
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Singl					
Father's Name	James at Seward.				
Mother's Maiden Name	Laura Burns				
Name of person giving Information	James at Seward				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH					
Primary	Child died while parents were away from home.			How long	
natural causes			179	12 hours	
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Wm J Cooper Barroner Address				
Accident or Suicide					



Name  
in  
Full

A. B. Smith Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Age	3 16
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	/	
Father's Name	/		
Mother's Maiden Name	/		
Name of person giving information	/		

1909 Jan 30 16

Male white 20

Occupation \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name Aulay B. Smith

Mother's Maiden Name Madine Wilbourn

Name of person giving information A. B. Smith

Father's Birthplace Md.

Mother's Birthplace Md.

How related to deceased Father

CAUSES OF DEATH

93

How long

5 days

How long

12 hours

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Exhauation

Are the name, age, sex, color, date and place correctly given above?

yes

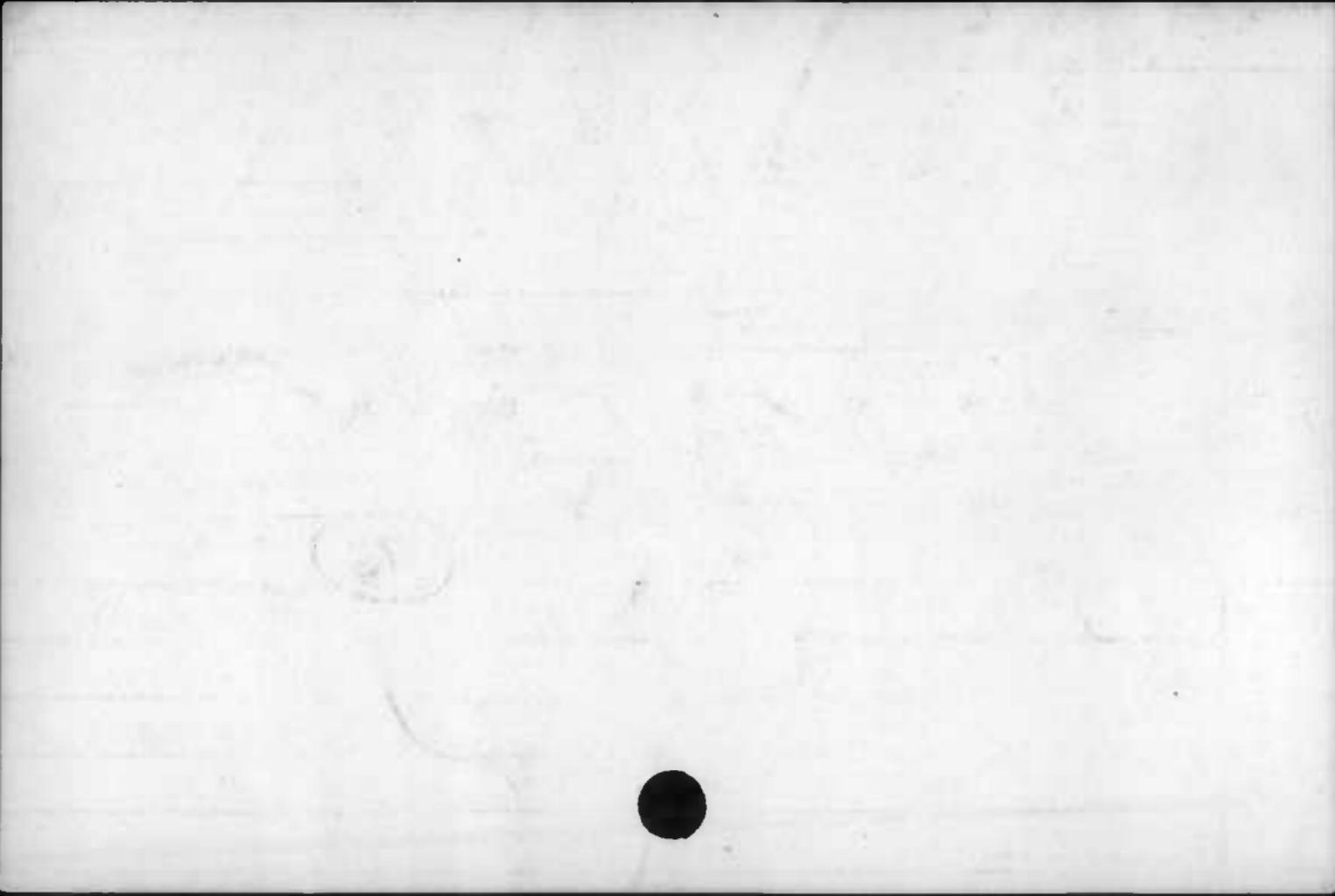
Signature of Physician

Address

J. C. Madara

Ridgely Md

Accident or Suicide?



Name

Thomas Milbourn Smith

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1909	Jan	29	—	3	15		
Sex	Male	Color or Race	white				
Occupation			Where Residing if not at place of death				
Married, Single or <u>Widowed</u>	Name of Wife or Husband						
Father's Name	Anlay B. Smith		Father's Birthplace	Md.			
Mother's Maiden Name	Marie C. Milbourn		Mother's Birthplace	Md.			
Name of person giving information	Anlay B. Smith		How related to deceased	Father			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

3 days

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

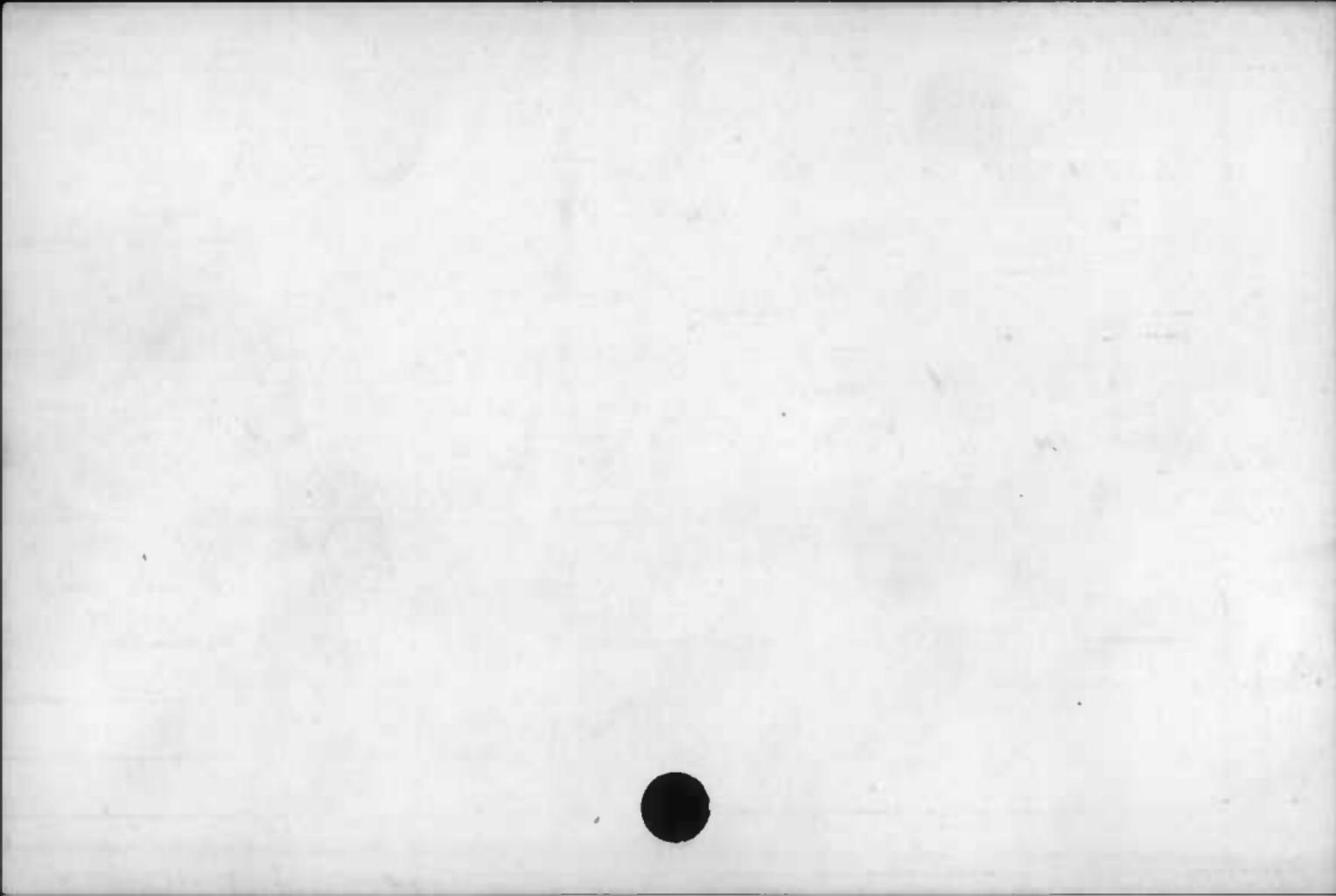
J. C. Madara

Address

Ridgely

Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>near Hyson</u>		Town <u>Spury</u>	County <u>Caroline</u>	State <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>27</u>	Years <u>—</u>	Months <u>—</u>	Days <u>5</u>
Sex <u>male</u>	Color of Race <u>Black</u>	Birth place <u>near Hyson</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Harrison Winfield Spury</u>	Father's Birthplace <u>Hyson Md</u>				
Mother's Maiden Name <u>Lulu Webb</u>	Mother's Birthplace <u>Bethelben Md</u>				
Name of person giving information <u>Harrison W Spury</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

179

How long

Primary

*Dont know*

5 days

Immediate

*Dont know*

How long

Are the name, age, sex, color, date and place correctly given above?

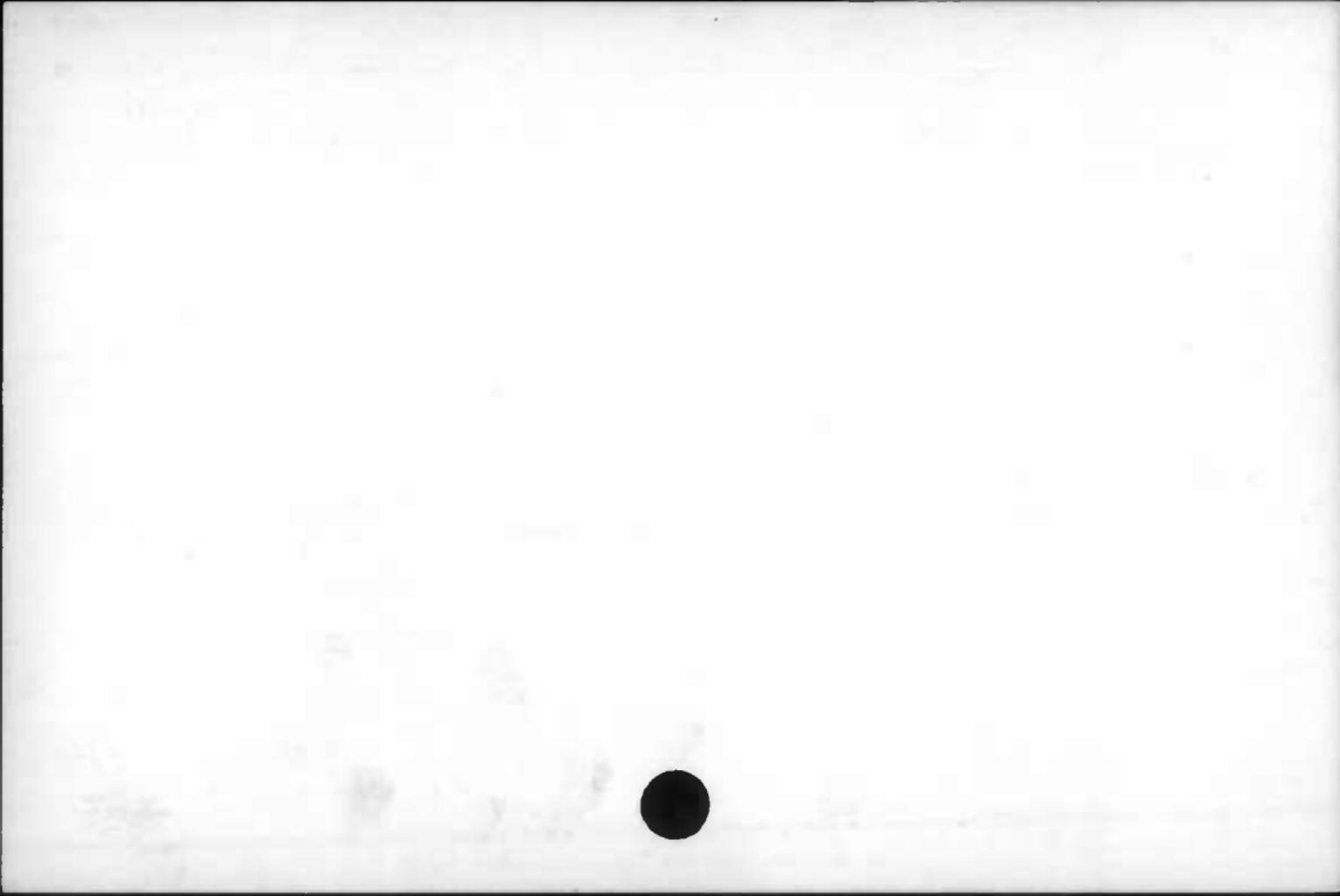
*yes*

Signature of Physician

Address

*Day Hobler  
Princeton  
Md*

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Gertrude Hopkins

CERTIFICATE OF DEATH

Town

Brenton

County

Caroline

MARYLAND

Died at

Brenton

Caroline

Date  
of death

1909

Month

1

Day

24

Years

10

Months

—

Days

—

Age

Sex

Female

Color or  
Race

Black

Birth-  
place

Caroline Co.

Occupation

Clerk Girl

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Wife

Name of Wife or  
Husband

Father's  
Name

John Webster

Father's  
Birthplace

MD

Mother's  
Maiden Name

Hannah Bell

Mother's  
Birthplace

MD

Name of person giving  
Information

James E Bell

How related  
to deceased

Grandfather

CAUSES OF DEATH

120

How long

3 months

Primary

Brake Driven

How long

3 days

Immediate

Heart Failure

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

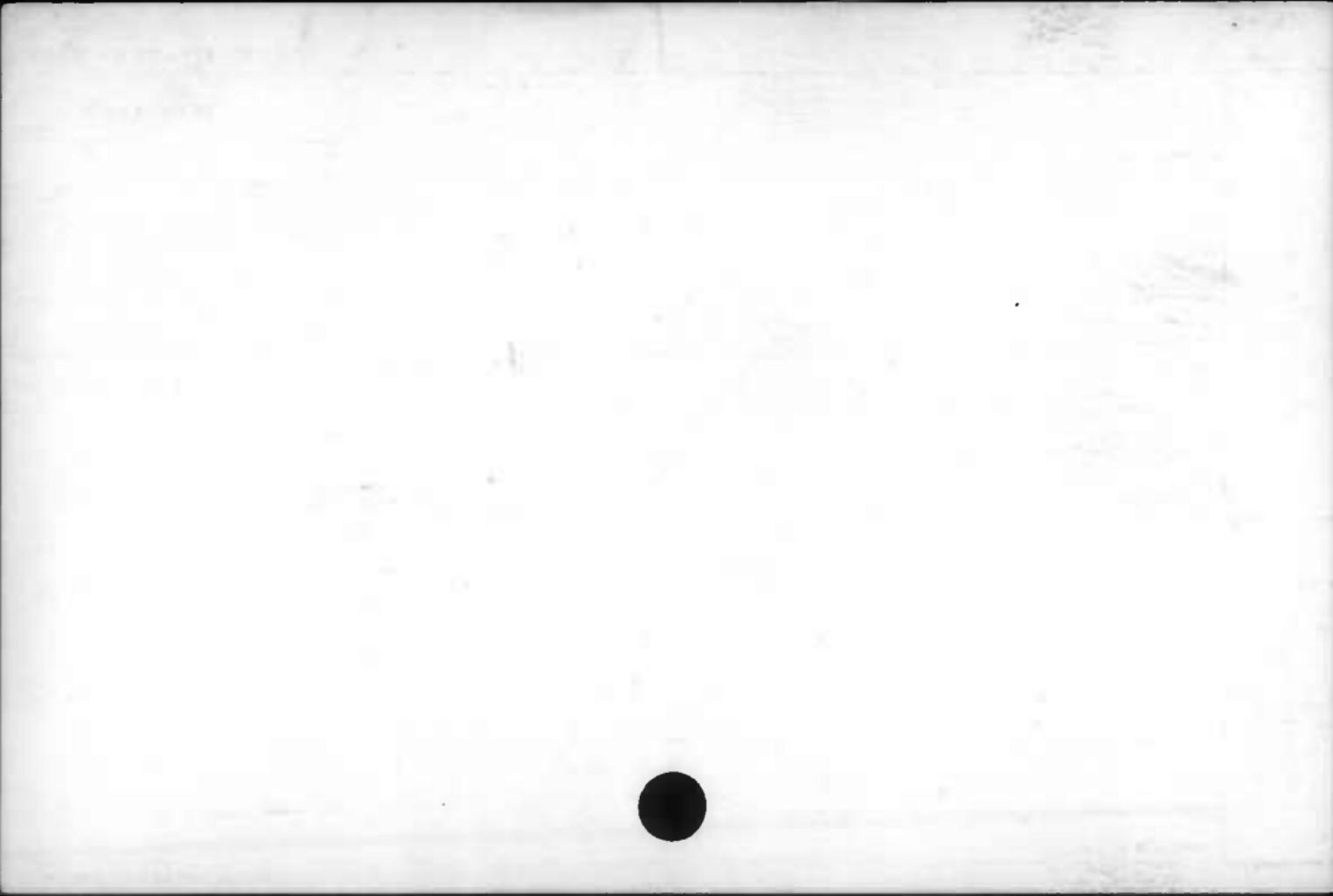
Signature of  
Physician

J. W. Nichols

Address

Ovaline MD

Accident or Suicide



Name  
in  
Full

Annie Rilly-White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Greensboro</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>22</u>	Age <u>47</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>			
Occupation <u>House work</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charles Henry White</u>		Father's Birthplace <u>Maryland</u>		
Father's Name <u>Nathan Matte</u>	Mother's Birthplace <u>"</u>				
Mother's Maiden Name <u>Jane Elizabeth Smith</u>	How related to deceased <u>Husband</u>				
Name of person giving information <u>Charles Henry White</u>					

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Two years

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

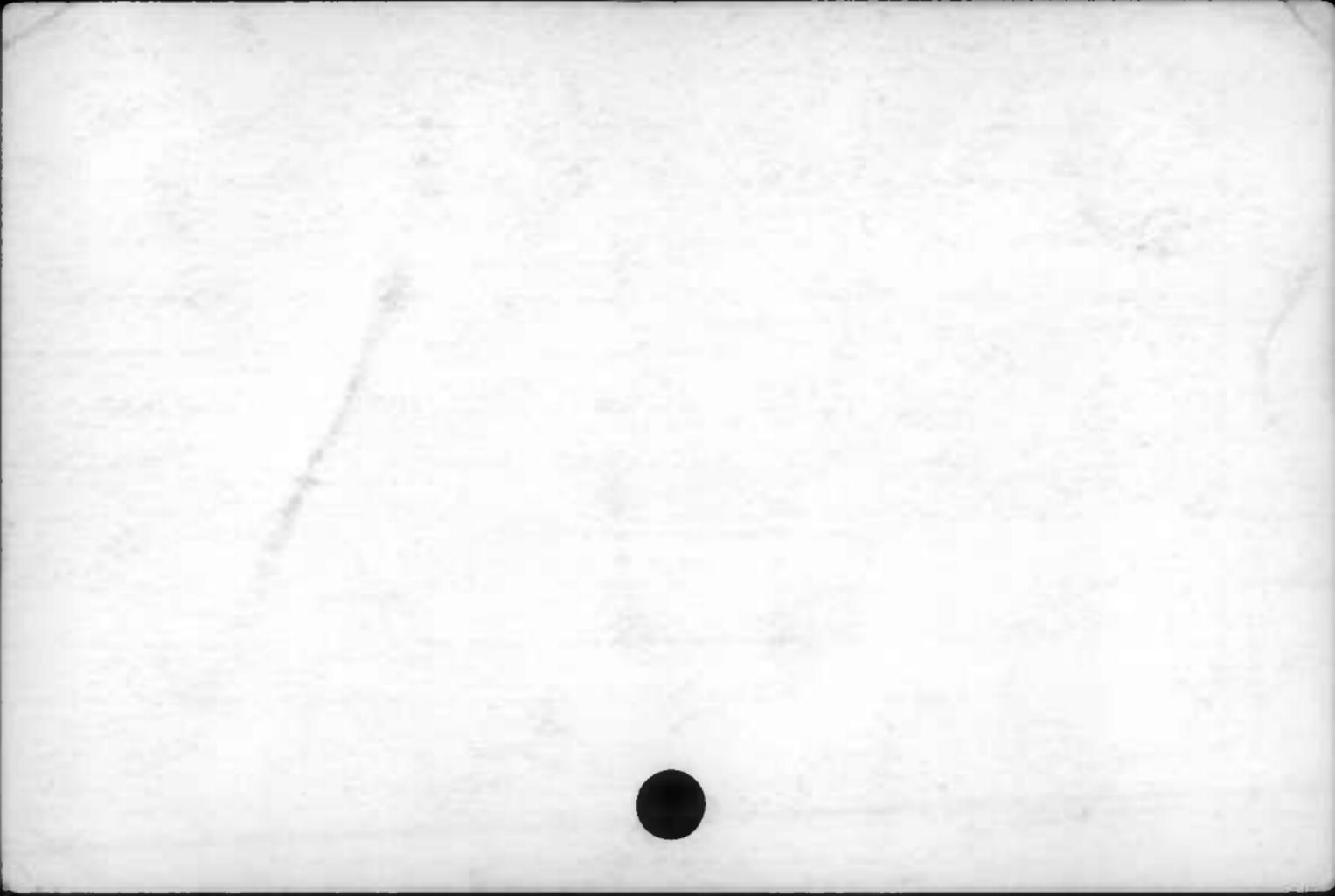
Only and  
case recently - will have  
house fumigated

Signature of  
Physician

Address

W. W. Goldsborough MD.  
Greensboro, Md.

Accident or Suicide



Name  
in  
Full

Cassellton L. Wagnis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Denton		Caroline					
Date of death	Month	Day	Years	Months	Days		
1909	1	20	Age 16	-	-		
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Labour					Same	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Md		
Father's Name	J. W. Wagnis						
Mother's Maiden Name	Don't know					Mother's Birthplace	Don't know
Name of person giving Information	Harry Hawley					How related to deceased	Frien of

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

About 8 months

Immediate

Same

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

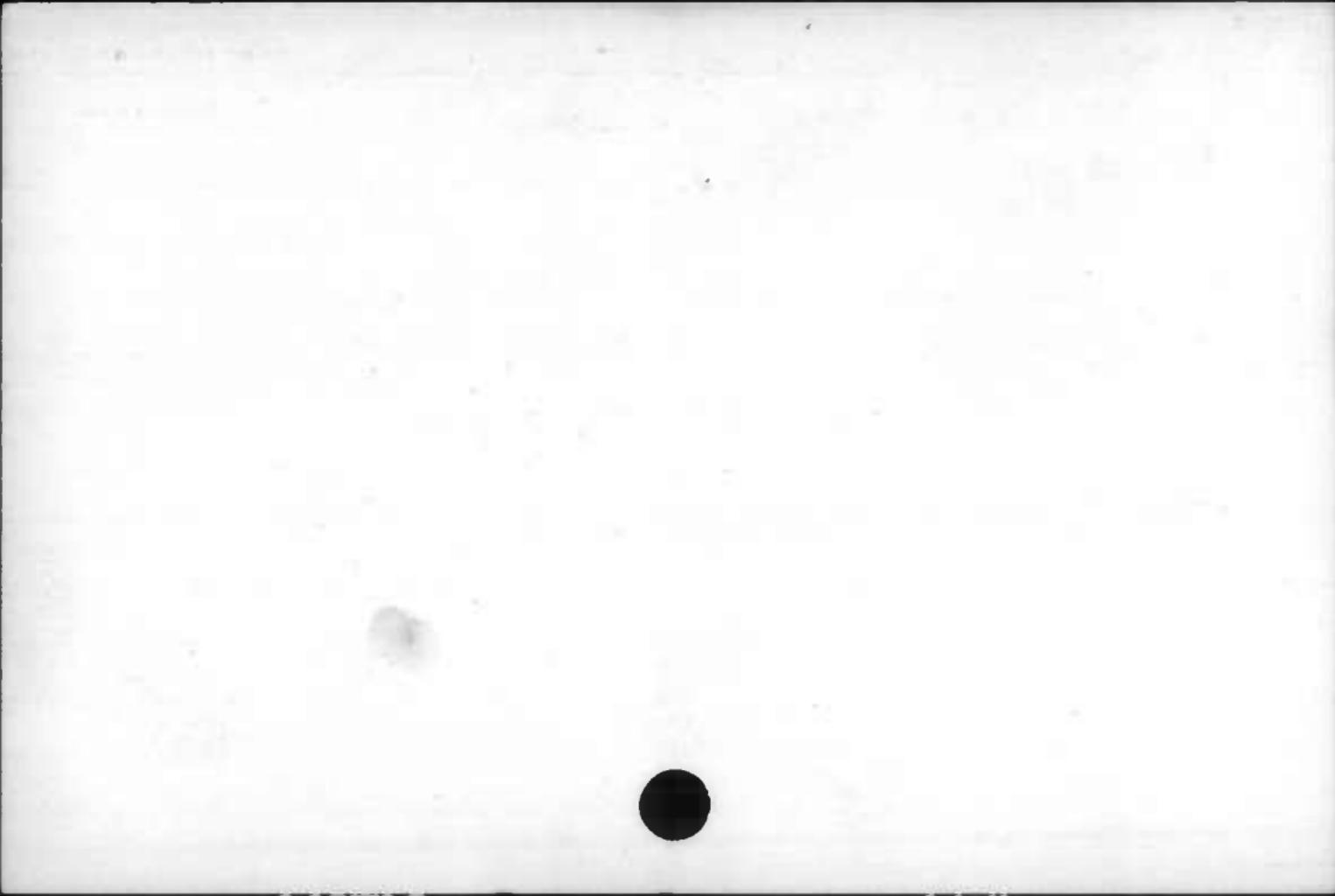
P.R. Fisher

Address

Denton

Accident or Suicide

M



Name  
in  
Full

Audley A. Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Jan	Day 7	Years 25	Months 4	Days 17	
Sex	male	Color or Race	white	Birth-place			
Occupation	farmer	Where Residing if not at place of death					
Married, Single or Widowed	married	Name of Wife or Husband	mary a. young				
Father's Name	James A. young	Father's Birthplace					
Mother's Maiden Name	Charlotte Hob	Mother's Birthplace					
Name of person giving information	mary a. young	How related to deceased					

CAUSES OF DEATH

92

How long

inches

How long

Primary Bronchitis Pneumonia

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. Kemp Jefferson  
Federalsburg  
Md

Accident or Suicide?

